

FEB. 3. 2004 5:16PM

GLAXO WELLCOME

NO. 2235 P. 5

#12/B  
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2/7/4

IN THE UNITED STATES PATENT OFFICE

Applicant : BONNEY, Stanley G., et al.  
Appl. No. : 10/031,261  
Filed : 1/10/2002  
Title : Medicament Carrier

Grp./A.U. : 3761  
Examiner : Aaron LEWIS

Docket: : PG3694USW

Honorable Commissioner of Patents  
Washington DC 20231

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AMENDMENT B

Sir:

The following is in response to the Official Action of 8/28/2003. It is filed with a :  
three-month extension of time.

Please amend the above-identified application as follows:

3.200

5PM

GLAXO WELLCOME

NO. 2235

P. 2



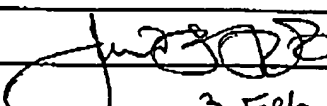
PTO/BB/21 (08-03)

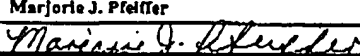
Approved for use through 07/31/2006. OMB 0851-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/031,261
	Filing Date	January 10, 2002
	First Named Inventor	Stanley G. BONNEY
	Art Unit	3761
	Examiner Name	Lewis, Aaron J.
Total Number of Pages in This Submission		Attorney Docket Number PG3694USw

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James P. Rick Registration No. 39,009 Telephone: (919)483-8022
Signature	
Date	3 Feb 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	Marjorie J. Pfeiffer		
Signature		Date	Feb. 3, 2004

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